

Policy Document - Terms and Conditions of your policy

ICICI Pru Pure Protect - Classic

In this Policy, the investment risk in investment portfolio is borne by the Policyholder

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

UIN: ICICI Pru Pure Protect: 105N084V02

Brief Policy Description: The product is a non participating term assurance product with premiums payable throughout the term of the policy. You have the option of adding supplementary benefits viz. the Accident and Disability Benefit rider and Waiver of premium rider.

Benefits under the plan:

(a) On Death of the life assured: Sum Assured payable on death any time during the Policy term **(b)** On Surrender / Lapse: No benefit payable **(c)** On Maturity: No benefit payable

1. DEFINITIONS: In the Policy document, unless the context otherwise requires:

1. Policyholder: means the proposer under the Policy or the owner of the Policy at any point of time. **2. Insured Person:** means the person who has been insured by the company under this Policy contract. **3. Policy:** is the evidence of a contract between ICICI Prudential Life Insurance Company Limited ('the Company') and the Policyholder referred above. This Policy is issued on the basis of the Proposal made by the Policyholder (as stated in the Policy Certificate) and submitted to the Company along with the required Declaration, Personal Statement, applicable Medical reports, the First Premium Deposit and any other document submitted evidencing the insurability of the Insured Person for the issuance of the Policy. The Company hereby agrees to the Policy terms and conditions in consideration of and subject to the due receipt of the subsequent premiums under the Policy. **4. Date of Termination:** is the date on which the contract comes to an end and all the right, title and interest under the Policy shall stand extinguished. **5. Freelook Period** if you are not satisfied with the terms and conditions of this policy, please return the policy document to the Company for cancellation within • 15 days from the date you received it, if your policy is not sourced through Distance marketing* • 30 days from the date you received it, if your policy is sourced through Distance Marketing* On cancellation of the policy during the freelook period, we will return the premium paid subject to the deduction of: a) Stamp duty under the policy b) Expenses borne by the Company on medical examination, if any. c) Proportionate risk premium for the period of cover. The policy will terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

***Distance Marketing:** Distance marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone-calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

2. Benefits Payable subject to the Policy being Enforce: 2.1 Death Benefit: In the event of the death of the Insured Person prior to the Date of Termination of Policy, the Company shall pay the Sum Assured as specified in the Policy Certificate. The Policy shall terminate on the said payment. **2.2 Maturity Benefit:** The Policy shall stand automatically terminated on the survival of the Insured Person to the Date of Termination as stipulated on the Policy Certificate and no benefits shall become payable under the policy.

3. Payment of premiums: (i) Premiums are payable on the due dates at the amount mentioned in the Policy Certificate or at such altered rate as is payable in terms of Condition 1 of the General Conditions of this Policy Document **(ii)** A grace period of not more than 30 days, where the mode of payment of premium is other than monthly and not more than 15 days in the case of monthly mode is allowed. **(iii)** There will be no obligation on the Company to notify the Insured Person/Policyholder of the due dates. If the premiums are not paid on the due dates or during the grace period, the Policy will lapse and no benefits shall be payable thereunder. **(iv)** Premiums are payable through any of the following modes: **1)** Cash **2)** Cheques **3)** Demand Drafts **4)** Pay Orders **5)** Bankers Cheque **6)** Internet facility as approved by the Company from time to time. **7)** Electronic Clearing System **8)** Credit Cards (Only standing instructions) #

* Amount and modalities will be subject to Company rules and relevant legislation/regulation

Not allowed for monthly modes

(v) Any payment made towards first or renewal premium shall be deemed to be received by the Company only when the same has been received at any of the Company's offices. **(vi)** If the premiums are paid in advance then the same shall be applied to the Policy only on the respective due date. **(vii)** If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any shall become payable only in accordance to the Policy terms and conditions. **(viii)** Where the Policyholder has opted for monthly premium frequency and where the payment is made by any mode other than by way of Electronic Transactions as approved by the Company, additional 5% of premium would be levied. **(ix)** Where the premium paying frequency is changed, there will be a revision in premium amount as per the then norms of the Company.

4. Surrender Value: No benefit shall become payable on surrender of the Policy.

5. Loans: No loans are allowed under this Policy.

6. Force Majeure: If the performance by the Company of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or any other circumstances beyond the anticipation or control of the Company, the performance of this contract shall be wholly or partially suspended during the continuance of the contract.

Policy Document

GENERAL CONDITIONS

1. Age: The premium payable under the Policy has been calculated on the basis of the age of the Insured Person as declared in the Proposal. In case the age of the Insured Person has not been admitted by the Company, the Proposer / Insured Person shall furnish such proof of age of the Insured Person as is acceptable to the Company and have the age admitted. In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken: **(i)** If the correct age is such as would have made the Insured Person uninsurable under the insurance plan specified in the Policy Certificate, the insurance plan shall stand altered to such insurance plan as is generally granted by the Company for the correct age of the Insured Person, subject to the terms and conditions as are applicable to that insurance plan. If it is not possible to grant any other insurance plan, the Policy shall stand cancelled from the date of issue of the Policy and the premium paid shall be refunded subject to the deduction of the taxes and expenses incurred by the Company on the Policy. **(ii)** If the correct age of the Insured Person is found to be higher than the age declared in the Proposal, then subject to the underwriting evaluation at point of such knowledge, if the Insured Person is found insurable then, premium payable under the Policy shall be altered corresponding to the correct age of the Insured Person ("the corrected premium") from the date of commencement of the Policy and the Proposer/Insured Person shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the Policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Insured Person fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the monies payable under the Policy. Where the Insured Person is not found insurable, then the company would return the premiums (excluding extra premiums, if any) paid under the Policy and terminate the Policy. **(iii)** If the correct age of the Insured Person is lower than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Insured Person ("the corrected premium") from the date of commencement of the Policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original premium paid and the corrected premium.

2. Revival of the Policy: A Policy, which has lapsed for non-payment of premium either on the due date or within the days of grace, may be revived subject to the following conditions: **(a)** The application for revival is made within 2

years from the due date of the first unpaid premium and before the Date of Termination of Policy. Revival will be based on the revival norms then applicable. **(b)** The Policyholder furnishes, at his own expense, satisfactory evidence of health of the Life Assured as required by the Company. **(c)** The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. **(d)** The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed. **(e)** The revival will take effect only on its being specifically communicated by the Company to the Life Assured or the applicant.

3. Assignment and Nomination: (a) An assignment of this Policy may be made by an endorsement upon the Policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its books. Assignment will not be permitted where Policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act may be referred for the complete provision. **(b)** The Insured Person, where he is the holder of the Policy, may, at any time before the Date of Termination of Policy, make a nomination for the purpose of payment of the monies secured by the Policy in the event of his death. Where the nominee is a minor, he may also appoint a person to receive the money during the minority of the nominee. Nomination may be made by an endorsement on the Policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the Date of Termination of Policy shall also be communicated to the Company. Section 39 of the Insurance Act, 1938 may be referred to for the complete provision. The Company does not express upon itself upon any responsibility on the validity of the assignment or nomination.

4. Suicide: If the Insured Person whether sane or insane, commits suicide within one year from the date of issue of this Policy, the Policy shall be void and the policy will terminate. Company will refund the premium and all rights, benefits and interests under this policy will stand extinguished. In the case of a reinstated policy, if the Life Assured, whether sane or insane, commits suicide within one year of the date of reinstatement of the policy the Company will refund 80% of the premiums paid till the date of death.

5. Incontestability i. Section 45 of the Insurance Act, 1938: "No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policy-holder and that the Policy-holder knew at the time of making it that the statement was false or that it suppressed facts which were material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

ii. In case of fraud or misrepresentation, the policy shall be cancelled immediately by paying surrender value (if any), subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938.

iii. The Company would declare the Policy void in case of suppression or mis-statement or mis- representation of facts and this would lead to forfeiture of the premiums paid under the Policy.

6. Notices: Any notice, direction or instruction given under the Policy shall be in writing and delivered by hand, post, facsimile or e-mail to: **In case of the Policyholder or Nominee:** As per the details specified by the Policyholder or Nominee in the Proposal Form or Change of Address intimation submitted by him. **In case of the Company:** Address: Customer Service Desk, ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101. **Facsimile:** 022 67100803 / 67170805. **E-mail:** lifeline@iciciprulife.com Notice and instructions sent by the Company to the Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7. Legislative Changes: This policy, including the premiums and the benefits under the policy, will be subject to the taxes and other statutory levies as may be applicable from time to time. You will be required to pay service tax, education cess or any other form of taxes or charges or levies as per the prevailing laws, regulations and other financial enactments as may exist from time to time, wherever applicable. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time. All provisions stated in this Policy are subject to the current guidelines issued by the Regulator as on date. All future guidelines that may be issued by the Regulator from time to time will also be applicable to this Policy.

8. Payment of Claim: Before payment of any claim under the Policy, the Company shall require the delivery of the original of this Policy document along with written intimation and the following documents establishing the right of the claimant or claimants to receive payment. Claim payments are made only in Indian currency. **1.** Claimant's statement **2.** Death certificate issued by the local and medical authority in case of death claim **3.** Medical evidence in case of rider claims. **4.** Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

9. Electronic Transactions: The Policyholder shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

10. Customer Service: (a) For any clarification or assistance, the Policyholder may contact our advisor or call our Customer Service Representative (between 9.00 a.m. to 9.00 p.m. Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy Folder or on our website: www.iciciprulife.com. Alternatively the Policyholder may communicate with us at the Customer Service Desk details mentioned earlier. The Company's website must be checked for the updated contact details. **(b) Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided does not satisfy, the Policyholder may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **(c) Senior Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided by the GRO is not satisfactory, the Policyholder may write to our Senior Grievance Redressal Officer (SGRO). For SGRO contact details please refer to the "Grievance Redressal" section on www.iciciprulife.com. **(d) Grievance Redressal Committee:** In the event that any complaint / grievance addressed to the SGRO is not resolved, the Policyholder may escalate the same to the Grievance Redressal Committee at the address mentioned below: ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Road, Ashok Nagar, Kandivali (East), Mumbai - 400 101. **(e) Insurance Ombudsman: i.** The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. **ii.** As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if: **(i)** The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company **(2)** Within a period of one year from the date of rejection by the Insurance Company **(3)** If any other Judicial authority has not been approached **iii.** In case if the Policyholder is not satisfied with the decision / resolution of the Company, the Policyholder may approach the Insurance Ombudsman at the address given below if the grievance pertains to • any partial or total repudiation of claims or • the premium paid or payable in terms of the policy • any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims or • delay in settlement of claims • non-issue of policy

document to customers after receipt of premiums **iv**. The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs with full details of the complaint and the contact information of complainant. Given below are details of the ombudsman office considering address of the Policyholder mentioned in the application form. The Insurance Regulatory and Development Authority's or the Company's website must be checked for the updated contact details.

- 1. Ahmedabad Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. **Jurisdiction:** States of Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu. Tel: 079-27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com
- 2. Bhopal Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. **Jurisdiction:** States of Madhya Pradesh & Chhattisgarh Tel: 0755-2569201, Fax: 0755-2769200, E-mail: bimalokpalbhopal@gmail.com
- 3. Bhubneshwar Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. **Jurisdiction:** State of Orissa. Tel: 0674-2596455, Fax: 0674-2596429, E-mail: iobbsr@dataone.in
- 4. Chandigarh Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. **Jurisdiction:** States of Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh. Tel: 0172-2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in
- 5. Chennai Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. **Jurisdiction:** State of Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry). Tel: 044-24333668 /5284, Fax: 044-24333664, E-mail: chennaiinsuranceombudsman@gmail.com
- 6. New Delhi Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. **Jurisdiction:** States of Delhi & Rajasthan. Tel: 011-23239633, Fax: 011-23230858, E-mail: iobdelraj@rediffmail.com
- 7. Guwahati Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesth", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). **Jurisdiction:** States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel: 0361-2132204/5, Fax: 0361-2732937, E-mail: ombudsmanghy@rediffmail.com
- 8. Hyderabad Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry. Tel: 040-23325325, Fax: 040-23312122, E-mail: insombudhyd@gmail.com
- 9. Kochi Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulint Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. **Jurisdiction:** State of Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry. Tel: 0484-2358759, Fax: 0484-2359336, E-mail: iokochi@asianetindia.com
- 10. Kolkata Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATA – 700 072. **Jurisdiction:** States of West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands , Sikkim. Tel: 033 22124346/(40), Fax: 033-22124341, E-mail: insombudsman.kolkata@gmail.com
- 11. Lucknow Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. **Jurisdiction:** State of Uttar Pradesh and Uttaranchal. Tel: 0522-2231331, Fax: 0522-2231310, E-mail: insombudsman@rediffmail.com
- 12. Mumbai Centre:** Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. **Jurisdiction:** States of Maharashtra and Goa. Tel: 022-26106928, Fax: 022-26106052, E-mail: ombudsmanmumbai@gmail.com

"Policy certificate and the terms and conditions of the policy shall form integral part of this contract and shall be binding on the Company and the Policyholder" (T20: Ver 4)

ANNEXURE

Supplementary Benefits applicable if opted for

A. Accident and Disability Benefit : (i) Accident Benefit: Subject to the conditions set out below, if whilst the Policy is in force for the full Sum Assured , the Insured Person is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the Policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his death the Company agrees to pay the person(s) to whom the benefits are payable under the Policy an additional amount equal to the Accident and Disability Benefit Sum Assured (hereinafter referred to as "accidental cover") under this supplementary benefit. In the event of such death occurring while the Insured Person is using, as a fare paying passenger, authorised public mass surface transport namely bus or train, operating under terms of such authorisation, the additional amount payable under this benefit shall be enhanced to twice the amount of accidental cover under this supplementary benefit. The conditions subject to which this benefit is payable, are: **(a)** death due to accident must be caused by violent, external and visible means; **(b)** death due to accident is not caused - **(i)** by attempted suicide or self inflicted injuries while sane or insane, or whilst the Insured Person is under the influence of any narcotic substance or drug or intoxicating liquor; or **(ii)** by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft (being a multi-engined aircraft) operating on a regular scheduled route; or **(iii)** by the Insured Person committing any breach of law; or **(iv)** due to war, whether declared or not or civil commotion; or **(v)** by engaging in hazardous sports / pastimes, e.g. boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. **(c)** the accident shall result in bodily injury or injuries to the Insured Person independently of any other means. **(d)** such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the death of the Insured Person. In the event of the death of the Insured Person after 180 days of the occurrence of the accident, the Company shall not be liable to pay the Accident and Disability Benefit Rider; and **(e)** the death of the Insured Person shall occur before the date of termination of the Policy or before the Policy anniversary on which his age nearer birthday is 65, whichever is earlier; However, if the period of 180 days from the date of occurrence of the accident as stated in Clause (d) above continues on the Policy anniversary on which the Insured Person attains age 65 nearer birthday, the Company shall pay the Accident and Disability Benefit rider on death of the Insured Person. **(ii) Disability Benefit:** Subject to the conditions set out below, if whilst the Policy is in force for the full Sum assured , the Insured Person is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the Policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his total and permanent disablement, which will disable him to work or follow any occupation or profession, then with effect from and including the date of such disability (hereinafter called "Disability Date") the Company agrees to provide the following benefit : **1.** Commencing from the first anniversary of the Disability Date and on each anniversary thereafter pay in ten annual installments, each equal to one-tenth of the amount of accidental cover under this Supplementary Benefit. Should the Policy result in a claim before the receipt by the Insured Person of the last such installment, then the installments remaining unpaid shall become payable along with the claim. **2.** The conditions subject to which the benefit is payable, are: **(a)** disability must be caused by violent, external and visible means; **(b)** disability is not caused **(i)** by attempted suicide or self inflicted injuries while sane or insane, or whilst the Insured Person is under the influence of any narcotic substance or drug or intoxicating liquor; or **(ii)** by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi-engined aircraft) on a regular scheduled route; or **(iii)** by the Insured Person committing any breach of law; or **(iv)** due to war, whether declared or not or civil commotion; or **(v)** by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. **(c)** If there are any other benefits payable under this

supplementary benefit, then all such benefits shall cease to be available on and after the Disability Date. **(d)**The Disability must result within 180 days from the date of occurrence of the accident. **(e)** Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Disability Benefit will be subject to such proof (at the expense of the Insured Person), as the Company may reasonably require, that the Insured Person has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability. **(f)** The Company reserves the right to call for such medical examinations as they may require and for this purpose, may advise the Insured Person to submit himself to one or more medical examinations conducted by medical practitioners appointed by the Company, the cost of which shall be borne by the company. **(g)** The payment of the Disability Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Insured Person has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Insured Person shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for benefit under this clause has been wrongly admitted, the Insured Person shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination / s or, as the case may be, from the date on which the Insured Person is communicated of wrongful admission of the claim, and thereafter the Policy shall continue under such terms and conditions as the Company may decide. For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered the following: **(i)** the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or **(ii)** has been continuously disabled for a period of 180 days and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

B. Waiver of Premium Rider: Subject to the conditions set out below, if whilst the Policy is in force for the full Sum Assured, the Insured Person is involved in an accident, at any time before the expiry of the period for which premiums are payable or before the Policy anniversary on which his age nearer birthday is 65, whichever is earlier, resulting in his total and permanent disablement, which will disable him to work or follow any occupation or profession, then with effect from and including the date of such disability (hereinafter called "Disability Date") the Company agrees to provide the following benefit: The premiums being the amount not exceeding the Sum Assured under the "Waiver of Premium" rider falling due on or after the Disability Date shall be waived till the end of the term of this supplementary benefit or till the death of the Insured Person, if earlier. The conditions, subject to which the benefit is allowed, are: **(a)** the disability must be caused by violent, external and visible means; **(b)** the disability is not caused, **(i)** by attempted suicide or self inflicted injuries while sane or insane, or whilst the Insured Person is under the influence of any narcotic substance or drug or intoxicating liquor; or **(ii)** by engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger on a licensed passenger-carrying commercial aircraft operating (being a multi-engined aircraft) on a regular scheduled route; or **(iii)** by the Insured Person committing any breach of law; or **(iv)** due to war, whether declared or not or civil commotion; or **(v)** by engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. **(c)** The Disability must result within 180 days from the date of occurrence of the accident. **(d)** Written notice of any claim for the benefit shall be served on the Company within 120 days of the Disability Date and the admission of any claim for Waiver of Premium Benefit will be subject to such proof (at the expense of the Insured Person), as the Company may reasonably require, that the Insured Person has become totally and permanently disabled. Such proof shall be furnished to the Company along with the submission of the notice of the disability. **(e)** The Company reserves the right to call for such medical examinations as it may require and for this purpose, may require the Insured Person to submit himself to one or more medical examinations conducted by medical practitioner/s appointed by the Company, the cost of which shall be borne by the company. **(f)** The admittance of this Benefit and the continuation thereof shall be subject to such proof, as the Company may require, that the Insured Person has been totally and permanently disabled and has continued to be totally and permanently disabled. If such proof is not furnished or if the Insured Person shall refuse or fail to submit for medical examination/s when required to do so, or if at any time the Company is satisfied that a claim for this supplementary benefit has been wrongly admitted, the Insured Person shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which the Company has requested for the supply of such proof or submission to medical examination/s or, as the case may be, from the date on which the Insured Person is communicated of wrongful admission of the claim, and thereafter the Policy shall continue under such terms and conditions as the Company may decide. For the purpose of this benefit, a person shall only be regarded as "Totally and Permanently Disabled" if that person, due to accident or injury has suffered the following: **(i)** the loss by physical separation of two limbs or the complete and irremediable loss of sight in both eyes or the loss by physical separation of one limb accompanied by the complete and irremediable loss of sight in one eye (where limb means an entire hand or foot), or **(ii)** has been continuously disabled for a period of 180 days and has been determined by the Company, after consideration of the reports and other information supplied by the Company's own medical practitioner, appointed to examine that person, to be incapacitated to such an extent as to render that person unlikely ever to resume work or to attend any gainful employment or occupation.

"Policy certificate and the terms and conditions of the policy shall form integral part of this contract and shall be binding on the Company and the Policyholder" (T20: Ver 4)